

PATENT APPLICATION FEE DETERMINATION RECORD					Application or Docket Number <i>065676</i>	
Effective October 1, 1992						
CLAIMS AS FILED - PART I						
(Column 1)			(Column 2)			
FOR		NUMBER FILED	NUMBER EXTRA		SMALL ENTITY OR OTHER THAN SMALL ENTITY	
BASIC FEE					RATE FEE	
TOTAL CLAIMS		<i>14</i>	minus 20 =	*	x\$11=	
INDEPENDENT CLAIMS		<i>1</i>	minus 3 =	*	x 37=	
MULTIPLE DEPENDENT CLAIM PRESENT					+115=	
* If the difference in column 1 is less than zero, enter "0" in column 2					TOTAL <i>355</i>	
CLAIMS AS AMENDED - PART II					OTHER THAN SMALL ENTITY	
(Column 1)			(Column 2)		(Column 3)	SMALL ENTITY OR OTHER THAN SMALL ENTITY
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE ADDITIONAL FEE	
	Total	*	Minus	**	=	x\$11=
	Independent	*	Minus	***	=	x 37=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+ 115=	
(Column 1)			(Column 2)		(Column 3)	ADDITIONAL FEE
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE ADDITIONAL FEE	
	Total	*	Minus	**	=	x\$11=
	Independent	*	Minus	***	=	x 37=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+ 115=	
(Column 1)			(Column 2)		(Column 3)	ADDITIONAL FEE
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE ADDITIONAL FEE	
	Total	*	Minus	**	=	x\$11=
	Independent	*	Minus	***	=	x 37=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+115=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.					TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". ADDIT. FEE						
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". ADDIT. FEE						
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.						

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: <u>9-22-93</u>	2 Serial/Patent # <u>08-065676</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
Filing			\$ <u>290</u>
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Other			\$
		7 TOTAL AMOUNT OF REFUND	\$ <u>290</u>
		8 TO BE REFUNDED BY:	
10 REASON:		Treasury Check	
Overpayment		<input checked="" type="checkbox"/> Credit Deposit A/C #:	
Duplicate Payment		9 <u>12-2147</u>	
No Fee Due (Explanation):		<i>Code 201</i>	
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>Annette Smith</u>		TITLE: <u>Cilm Ex.</u>	
SIGNATURE: <u>Annette Smith</u>		PHONE: _____	
OFFICE: <u>Emp. B</u>		*****	
THIS SPACE RESERVED FOR FINANCE USE ONLY:			
APPROVED: <u>Mark S. Raft</u>		DATE: <u>9/30/93</u>	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B